



#7

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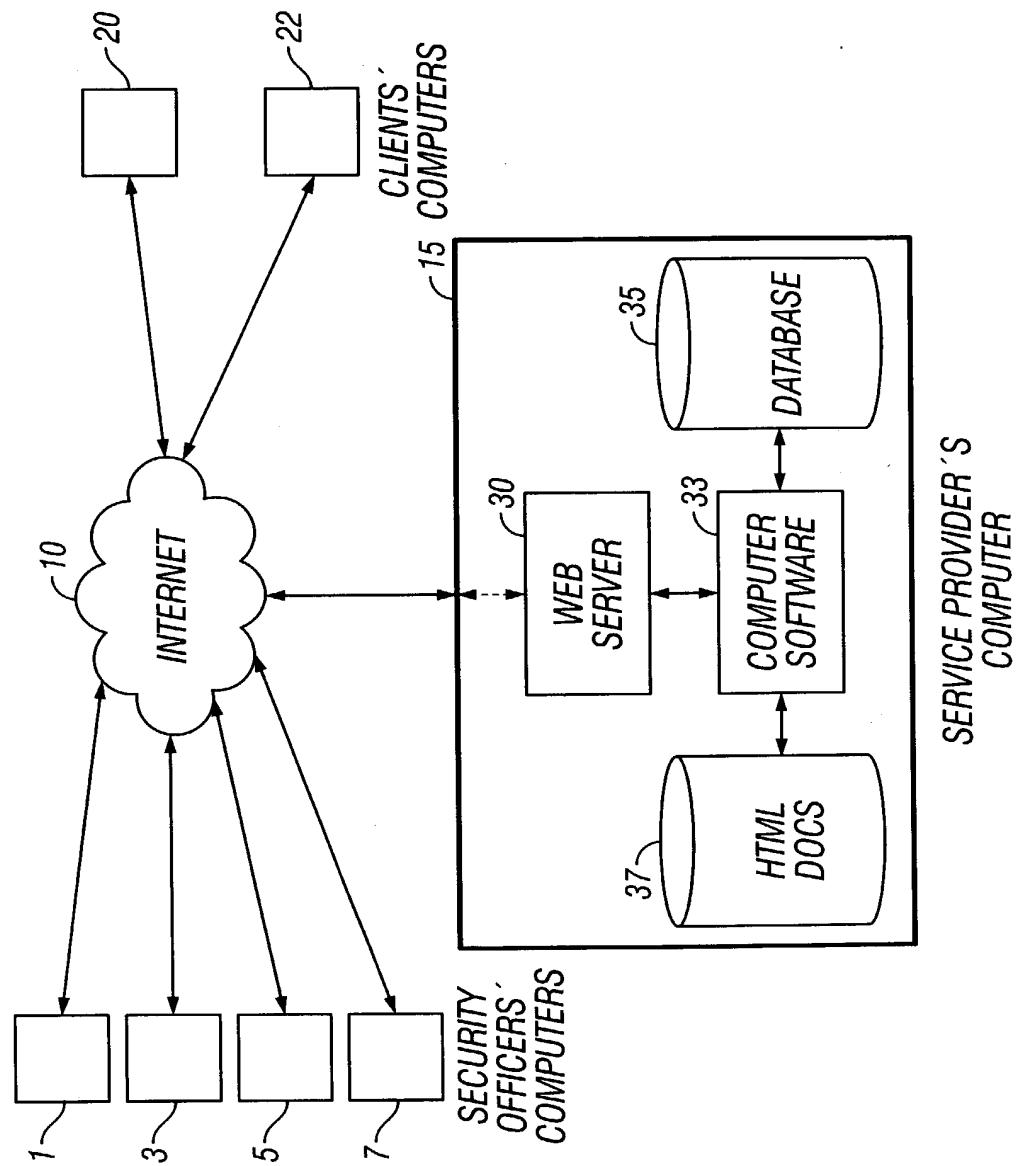
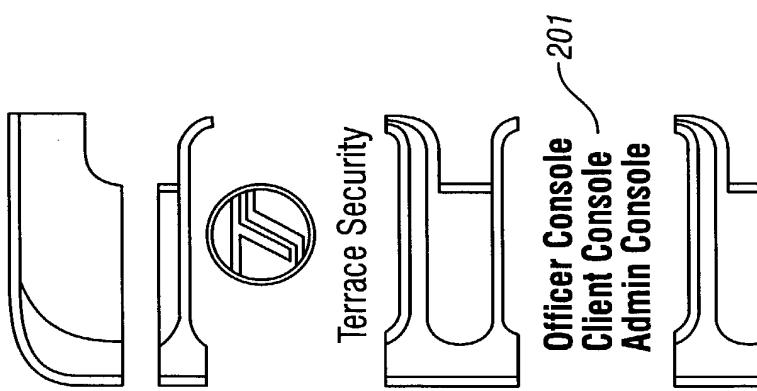


FIG. 1



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**Terrace Security Corporation**  
Online Applications Management Console



**FIG. 2**

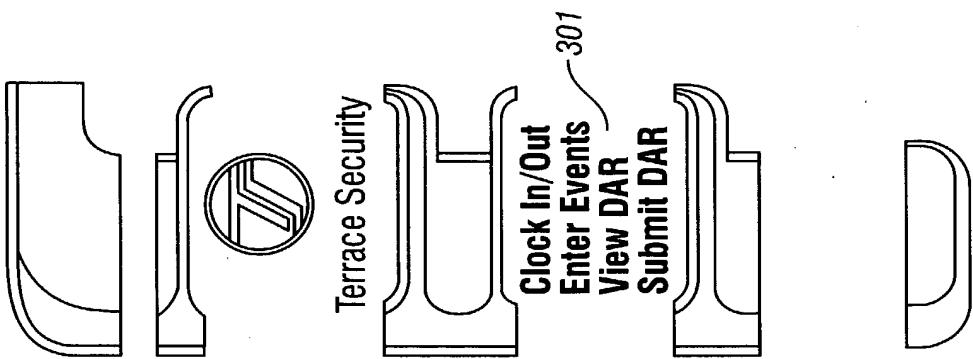


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**Terrace Security Corporation**  
Officer Console

Please enter your badge number and password to continue:

Badge Number  305  
Password  310  
**Continue**  315



**FIG. 3**



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**Terrace Security Corporation**  
Officer Console

Logged In: Neely, Bernard

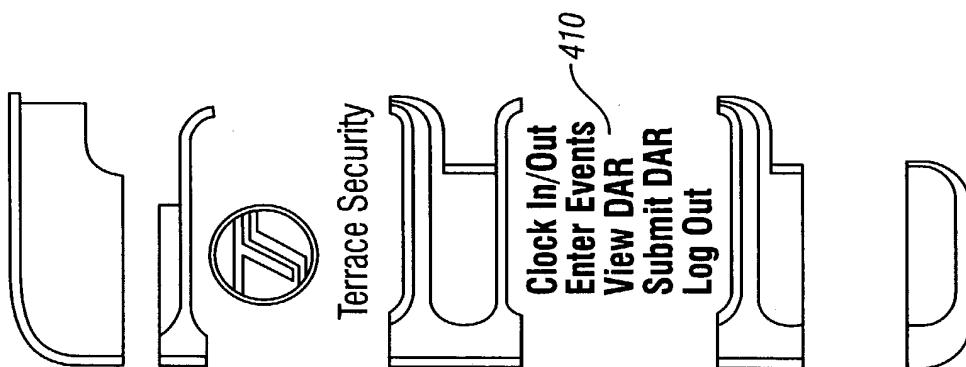
**Clock In/Out**

Property	420	Time In
Terrace @ Willowbrook ▶		
Shift Code	425	Radio Number
430		
Comments		
435		

440

**Clock In**

FIG. 4





**Terrace Security Corporation**  
Officer Console

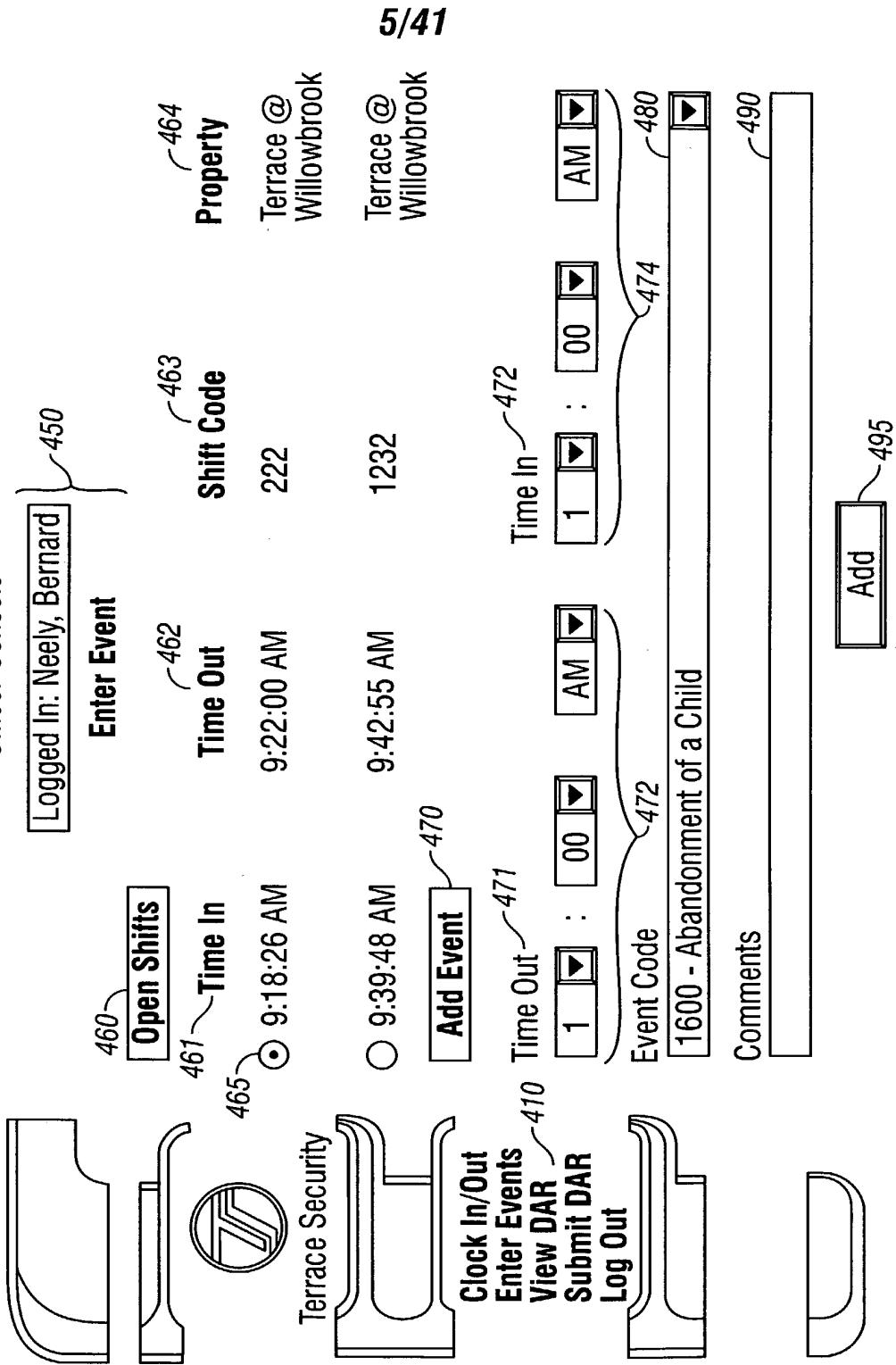


FIG. 4A

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TSEC Manager

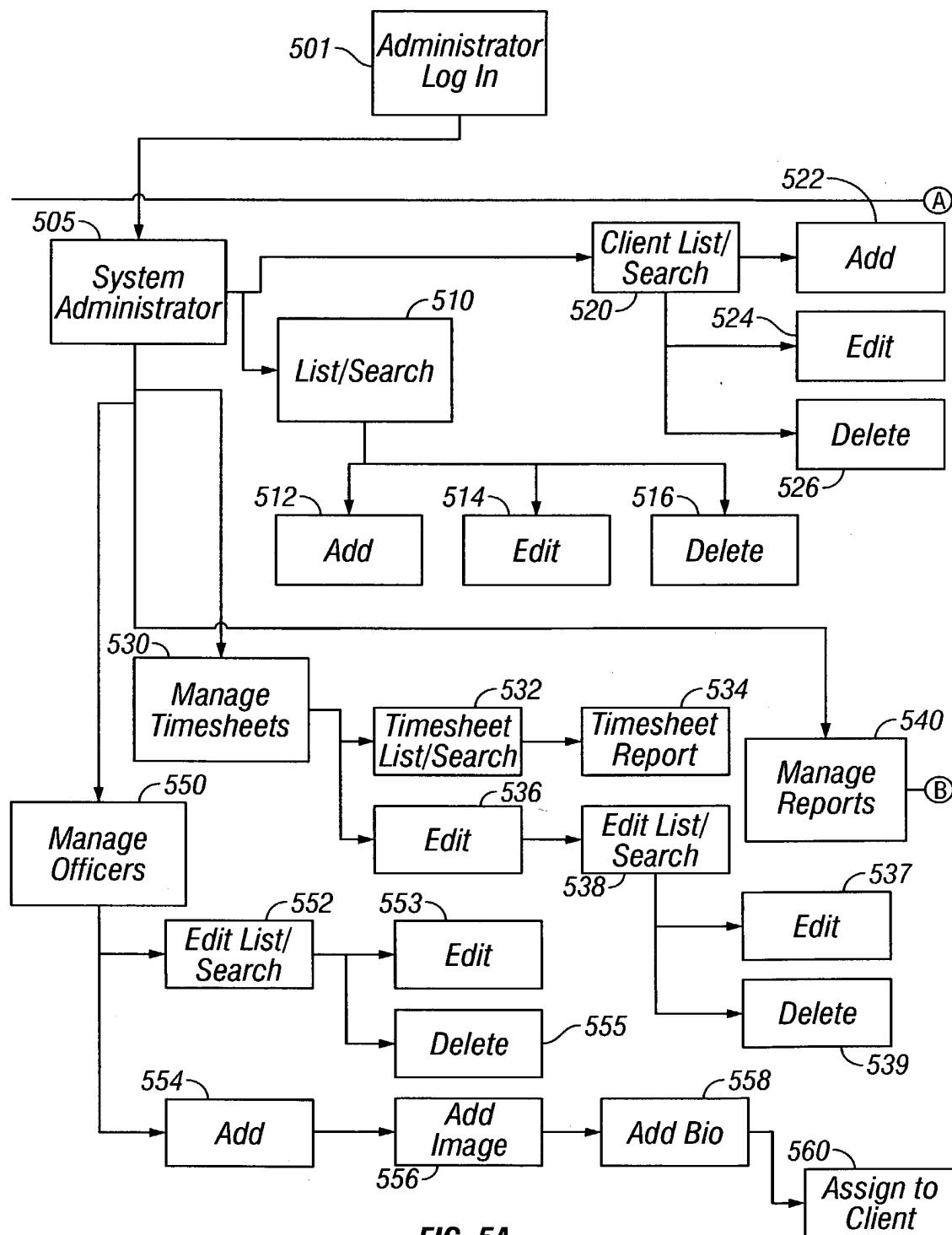


FIG. 5A



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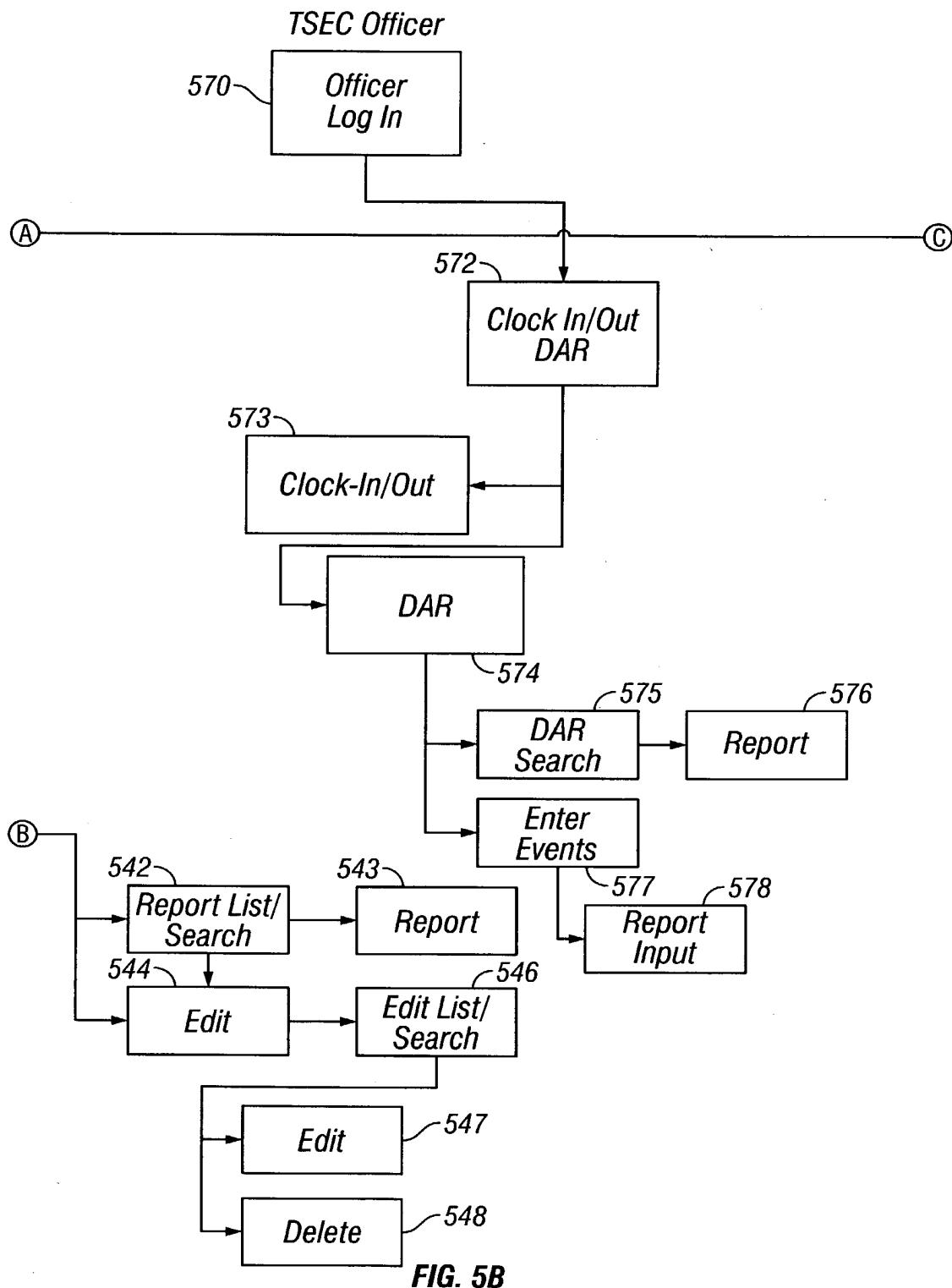
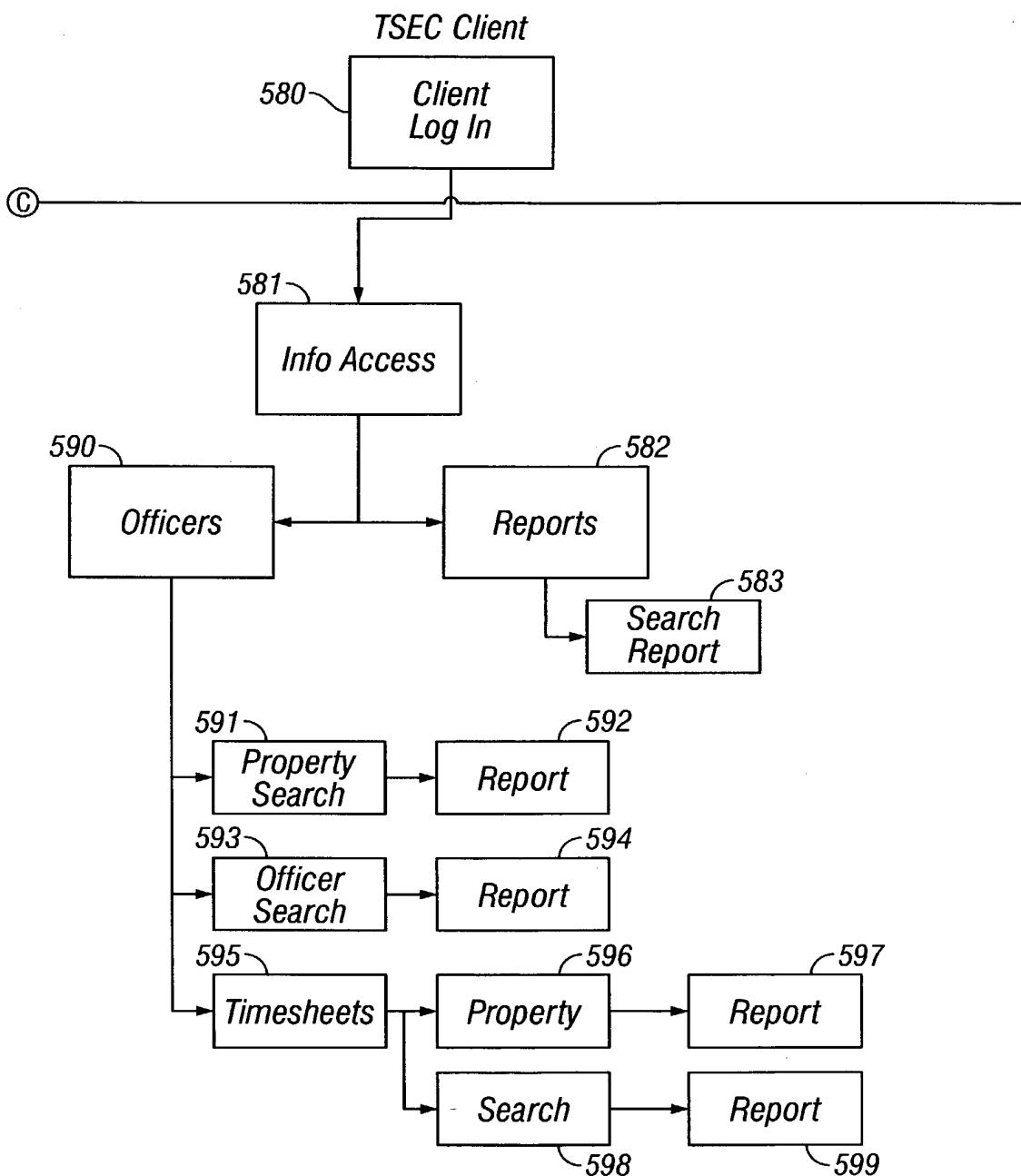


FIG. 5B



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**FIG. 5C**

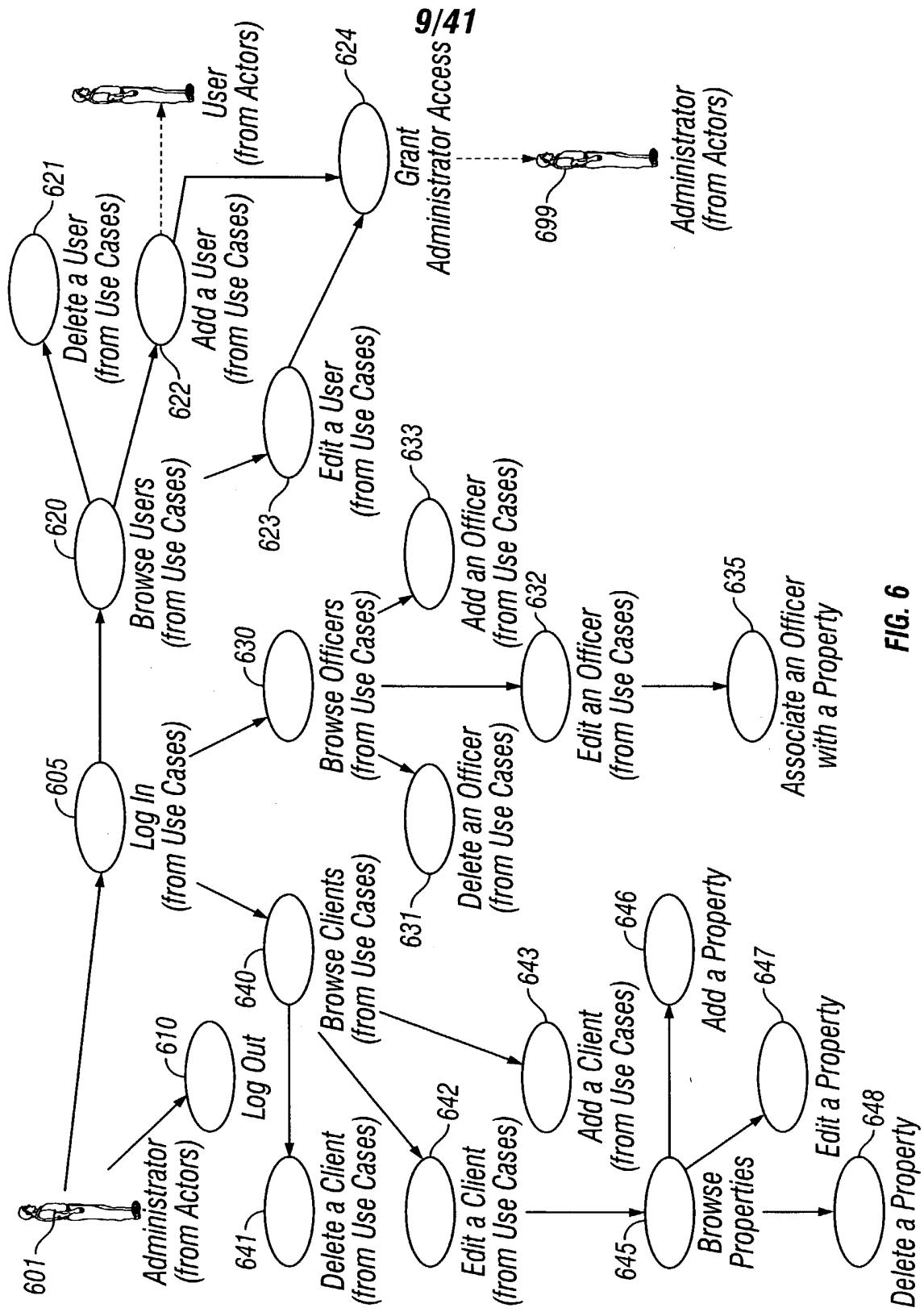


FIG. 6



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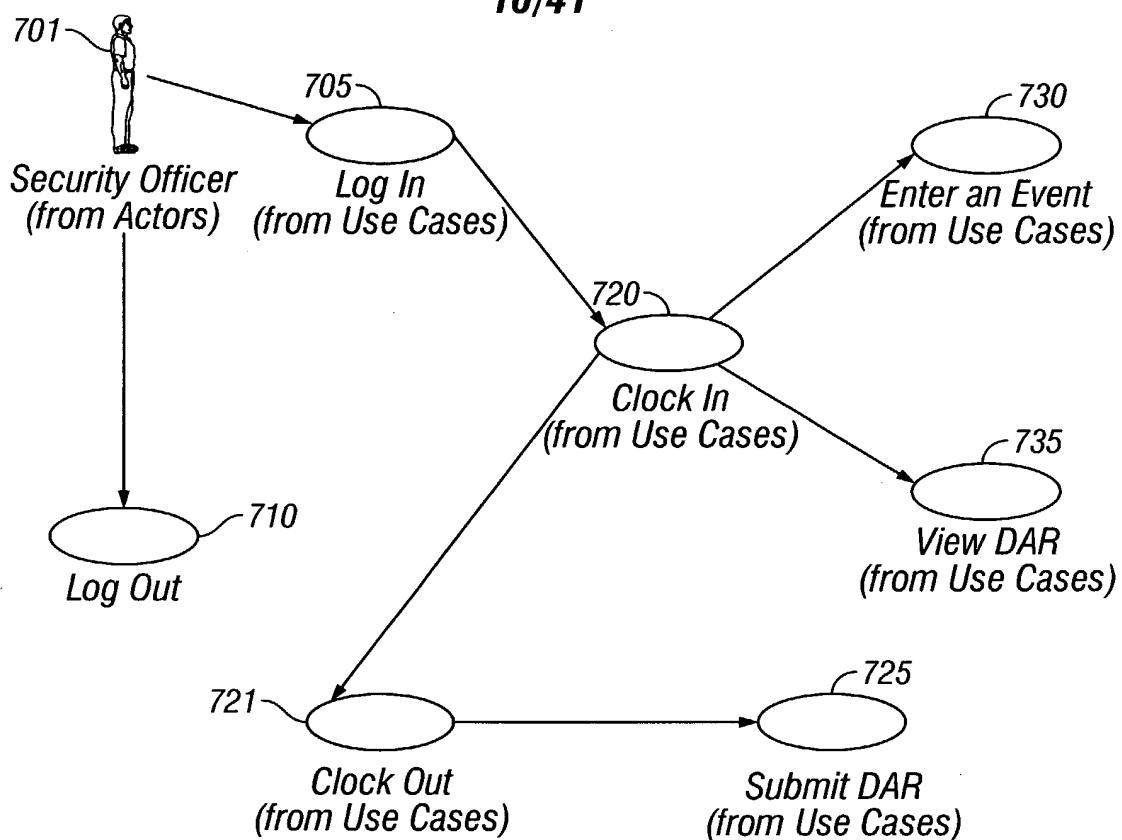


FIG. 7

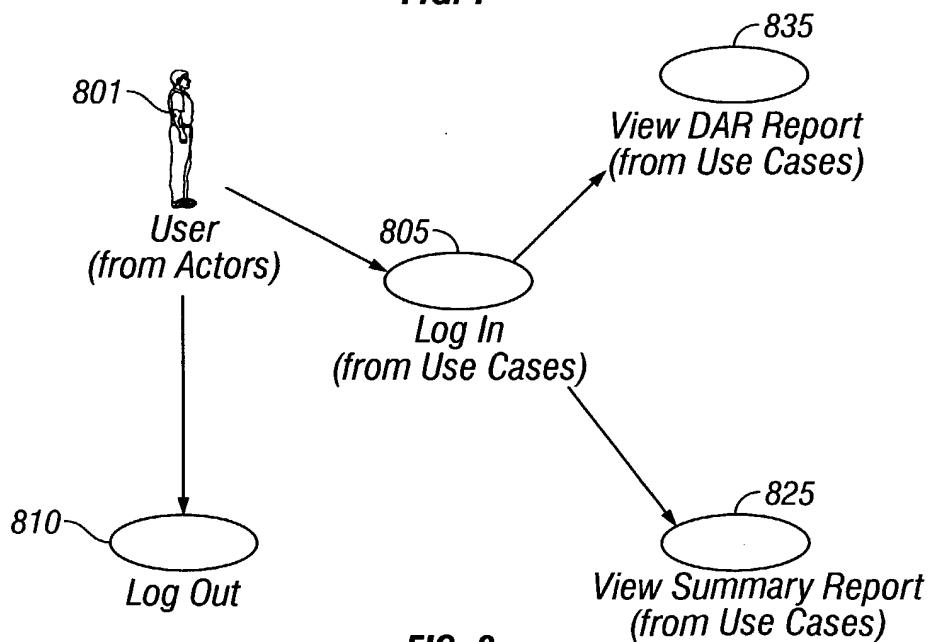


FIG. 8



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## Terrace Security Corporation Online Applications Management Console

Please enter your UserID and password to continue:

UserID  901

Password  910

920

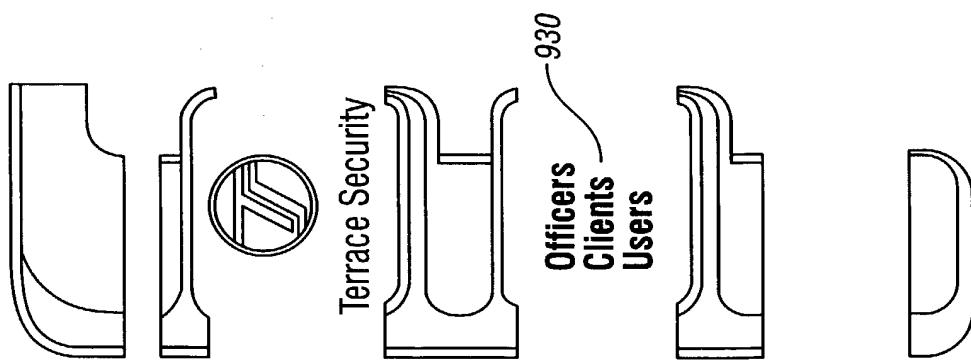


FIG. 9



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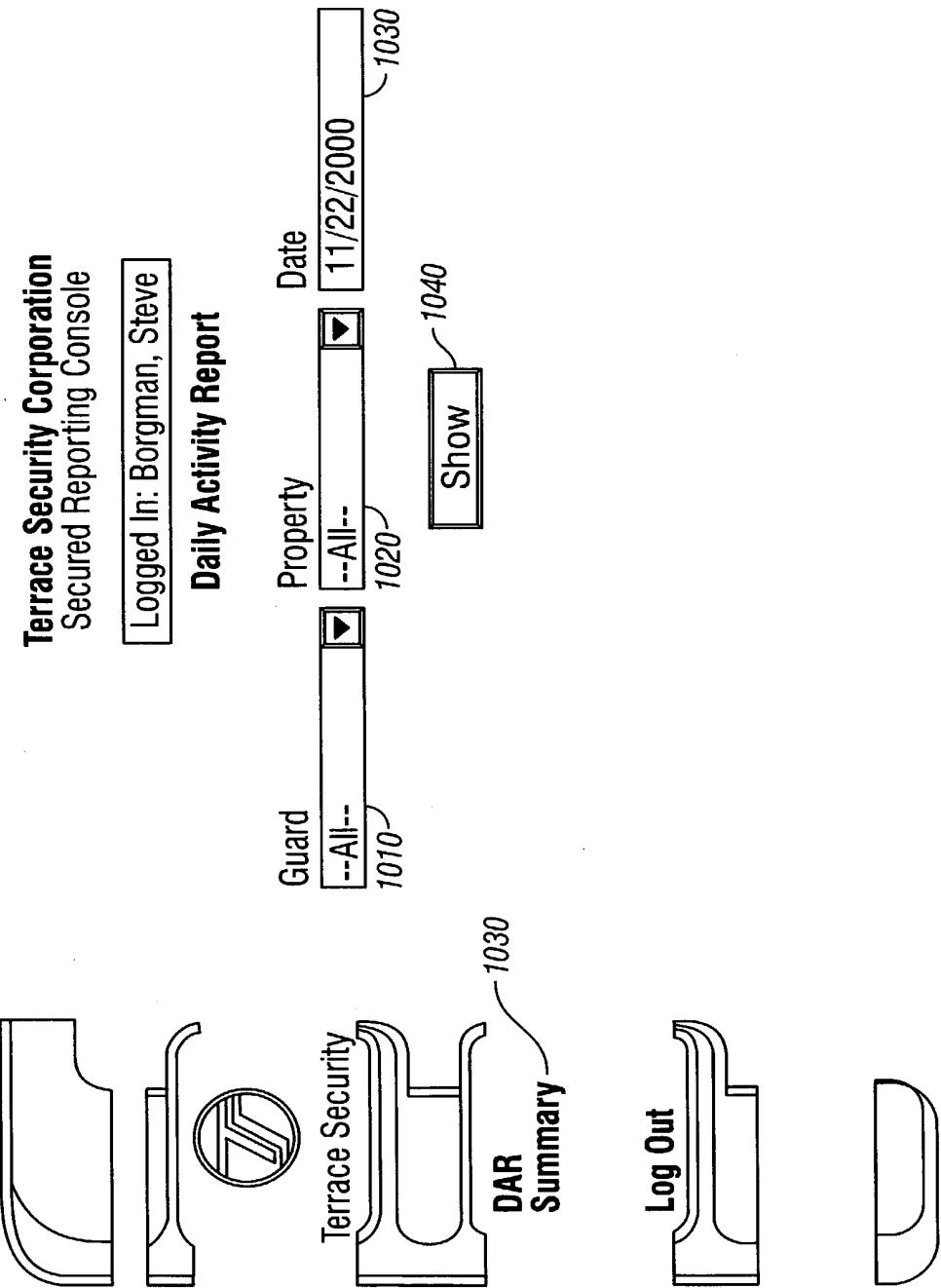


FIG. 10



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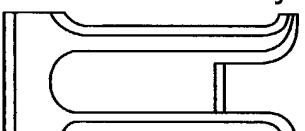


**Terrace Security Corporation**  
Secured Reporting Console

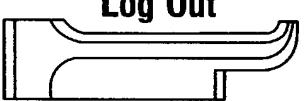
Logged In: Borgman, Steve



Terrace Security



**DAR  
Summary**



**Log Out**

**Daily Activity Report**

**Shift 1**

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM			
Shift Code	Radio Number			
dg	dfg			
Comments				
dzfgdzg				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

**Shift 2**

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM			
Shift Code	Radio Number			
123	123			
Comments				
123				
Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

**Shift 3**

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM			
Shift Code	Radio Number			
123	123			
Comments				
12312312312321				
Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

**FIG. 11A**



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**Shift 4**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

**Shift 5**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Y

**Shift 6**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

IR

**Shift 7**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	ast
Comments	
xsg	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

**FIG. 11B**

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**Shift 8**

Guard Post  
Calamari, Manni Memorial City Mall  
Time In Time Out  
11/20/2000 8:02:02 AM 11/21/2000 3:12:03 PM  
Shift Code Radio Number  
tewt tet  
Comments  
asretae  
Time In Time Out Code Comments  
2:03:00 AM 5:00:00 AM 1604 comment

IR  
Y

**Shift 9**

Guard Post  
Calamari, Manni Memorial City Mall  
Time In Time Out  
11/21/2000 3:12:18 PM 11/21/2000 3:17:34 PM  
Shift Code Radio Number  
wer wer  
Comments  
erwer  
Time In Time Out Code Comments  
1:00:00 AM 2:00:00 AM 1610 comments  
5:00:00 AM 6:00:00 AM 1607 ar  
5:00:00 AM 6:00:00 AM 1607 ar

IR  
Y  
Y  
Y

**Shift 10**

Guard Post  
Calamari, Manni Memorial City Mall  
Time In Time Out  
11/21/2000 3:56:21 PM 11/21/2000 4:07:48 PM  
Shift Code Radio Number  
we wet  
Comments  
qr  
Time In Time Out Code Comments  
1:00:00 AM 1:00:00 AM 1607 comment  
8:00:00 AM 9:00:00 AM 1604  
1:00:00 AM 1:00:00 AM 1605 comment goes here...  
1:00:00 AM 1:00:00 AM 1600  
1:00:00 AM 1:00:00 AM 1600

IR  
Y  
Y  
Y  
Y

**Shift 11**

Guard Post  
Calamari, Manni Memorial City Mall  
Time In Time Out  
11/21/2000 9:09:58 PM 11/22/2000 9:20:43 AM  
Shift Code Radio Number  
wr3 wer  
Comments  
wrwaer  
Time In Time Out Code Comments

IR

**FIG. 11C**



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**Shift 12**

Guard  
Calamari, Manni  
Time In  
10/12/2000 5:03:38 PM  
Shift Code  
123  
Comments  
123123

Post  
property 1  
Time Out  
10/12/2000 5:03:43 PM  
Radio Number  
123

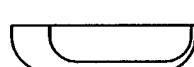
Time In      Time Out      Code      Comments  
7:00:00 AM    6:00:00 AM    2940    12312321

IR

**Shift 13**

Guard  
Calamari, Manni  
Time In  
11/22/2000 9:21:02 AM  
Shift Code  
1234  
Comments  
comment goes here

Post  
property 1  
Time Out  
11/22/2000 9:24:03 AM  
Radio Number  
12345



Time In      Time Out      Code      Comments      IR  
1:00:00 AM    1:00:00 AM    1601    comments for the event    Y  
go here

**FIG. 11D**



## Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve

### Officer Admin

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manni	111	Cobol Teacher
<input type="radio"/> Melancon	Robb	555	~1210
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editree
<input type="radio"/> Waggoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	~1230

Delete Selected Officer

Edit Selected Officer >>

~OR~

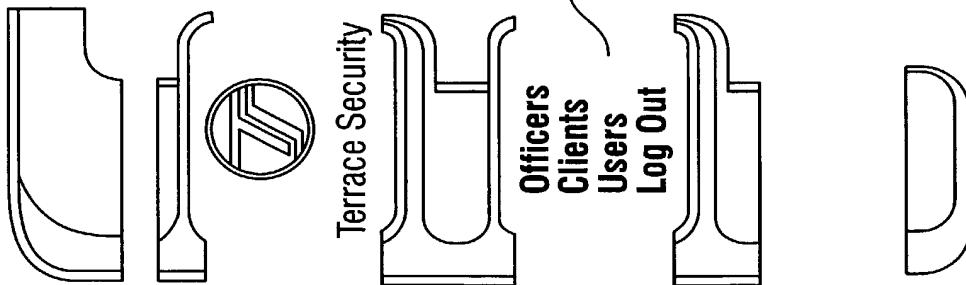
Add New Officer

FIG. 12



## Terrace Security Corporation

### Online Applications Management Console



Logged In: Borgman, Steve

Client Admin

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FIG. 13

**Terrace Security Corporation**  
Online Applications Management Console

Logged In: Borgman, Steve

User Admin	Last Name	First Name	User ID	Admin
	( <input checked="" type="radio"/> Borgman	Steve	steve	Yes
	( <input type="radio"/> Hays	Wayne	wayne	Yes
	( <input type="radio"/> Madison	Carmen	carm	Yes
1410	( <input type="radio"/> Marcis	Doug	doug	Yes
1450	( <input type="radio"/> Michaels	Bob	bob	Yes
	( <input type="radio"/> Vanderbilt	Arthur	arthur	Yes
	( <input type="radio"/> Waggoner	Ian	ian	Yes
			1420	✓1430

Delete Selected User

Edit Selected User >>

~OR~  
✓1440  
Add New User

FIG. 14



**Terrace Security Corporation**  
Officer Console

[Logged In: Neely, Bernard]

**Incident Report**

TSC Case #  
8

HPD Case #  
[ ]

Incident Code/Type  
1605 - Aggravated Robbery  
Location  
[ ]

Date/Time Reported  
12 [ ] / 30 [ ] / 2000 [ ]

12 [ ] : 00 [ ] AM [ ] PM

Date/Time Occurred  
12 [ ] / 30 [ ] / 2000 [ ]

12 [ ] : 00 [ ] AM [ ] PM

Paramedics Name  
[ ]

What Hospital  
[ ]

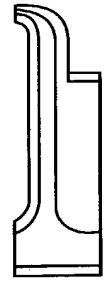
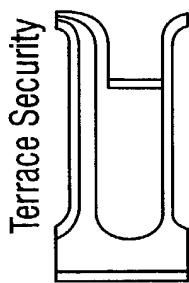
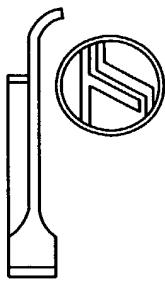
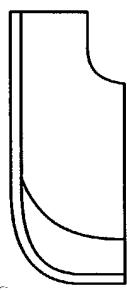
MI  
[ ]

First Name  
[ ]

Last Name  
[ ]

Identifying Information #1  
[ ]

SU [ ] O [ ] C [ ] O [ ] W [ ]



**Clock In/Out**  
**Enter Events**  
**View DAR**  
**Submit DAR**  
**Log Out**

**FIG. 15A**



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Residence Phone	Business Phone	DOB
[REDACTED]	[REDACTED]	[REDACTED] / [REDACTED] / [REDACTED]
Address	SSN	DL
[REDACTED]	[REDACTED]	[REDACTED]
Employer	Department/Property	
[REDACTED]	[REDACTED]	

Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes	<input checked="" type="radio"/> No	[REDACTED]	[REDACTED]	[REDACTED] : [REDACTED] [REDACTED] AM [REDACTED] PM
<hr/>				
Identifying Information #2		Last Name	First Name	MI
<input checked="" type="radio"/> SU		[REDACTED]	[REDACTED]	[REDACTED]
C		[REDACTED]	[REDACTED]	[REDACTED]
W		[REDACTED]	[REDACTED]	[REDACTED]
Residence Phone		Business Phone	DOB	
[REDACTED]		[REDACTED]	[REDACTED] / [REDACTED] / [REDACTED]	
Address		SSN	DL	[REDACTED]

FIG. 15B



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Employer	Department/Property	
Suspect is Minor <input type="radio"/> Yes <input checked="" type="radio"/> No	Parent/Guardian Notified <input type="radio"/> Yes <input checked="" type="radio"/> No	By Whom
		<input type="text"/> : <input type="text"/> . <input type="text"/> : <input type="text"/> . <input type="text"/>
Identifying Information #3		Last Name
<input checked="" type="radio"/> SU <input type="radio"/> C <input checked="" type="radio"/> W		<input type="text"/> MI
Residence Phone		<input type="text"/>
Business Phone		<input type="text"/>
DOB		<input type="text"/> / <input type="text"/> / <input type="text"/> 2000
Address		<input type="text"/> DL
SSN		<input type="text"/>
Employer		Department/Property

FIG. 15C



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Suspect is Minor		Parent/Guardian Notified	By Whom	Name of Notified	Time
<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> : <input type="checkbox"/> <input checked="" type="checkbox"/> AM <input checked="" type="radio"/> PM
<hr/>		<hr/>			
Vehicle Info #1		Vehicle Info #2			
<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
SU	C	O	W	SU	C
Towed	<input type="checkbox"/>	<input checked="" type="radio"/>	No	Towed	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input checked="" type="radio"/>	No	Year	<input type="checkbox"/>
Make	<input type="text"/>		Make	<input type="text"/>	
Model	<input type="text"/>		Model	<input type="text"/>	
Color	<input type="text"/>		Color	<input type="text"/>	
License Plate #	<input type="text"/>		License Plate #	<input type="text"/>	
VIN	<input type="text"/>		VIN	<input type="text"/>	
<hr/>		<hr/>			
Vehicle Info #3		Vehicle Info #3			
<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
SU	C	O	W	SU	C
Towed	<input type="checkbox"/>	<input checked="" type="radio"/>	No	Towed	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input checked="" type="radio"/>	No	Year	<input type="checkbox"/>
Make	<input type="text"/>		Make	<input type="text"/>	
Model	<input type="text"/>		Model	<input type="text"/>	
Color	<input type="text"/>		Color	<input type="text"/>	
License Plate #	<input type="text"/>		License Plate #	<input type="text"/>	
VIN	<input type="text"/>		VIN	<input type="text"/>	

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FIG. 15D



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**NARRATIVE**

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

A large, empty rectangular box intended for the user to write a narrative summary of the incident.

**FOLLOW-UP**

Date

12  / 30  / 2000  12  : 00  AM  PM

Time

By Whom

A large, empty rectangular box intended for the user to provide follow-up information.

submit

**FIG. 15E**



**Terrace Security Corporation**  
Officer Console

**Incident Investigation Report**

TSC Case #

**I. General Information**

Date of Incident:  /  /  2000 Time of Incident:  :  01 am  pm

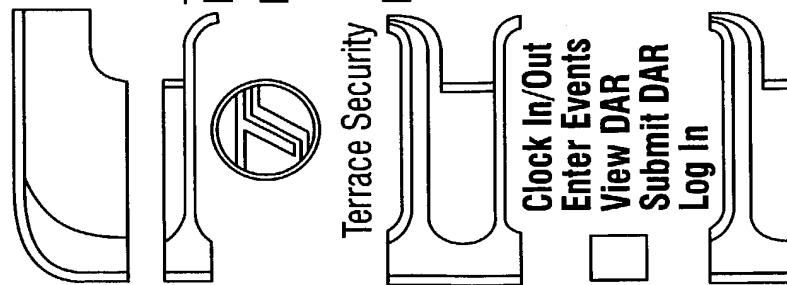
Day of Week:  Monday

Date Reported to You:  /  /  2000 Time Reported to You:  :  01 am

pm  By Whom:

Property  
Name &  
Location:

Specific Location of Incident:



Clock In/Out  
Enter Events  
View DAR  
Submit DAR  
Log In

(describe all identifying factors of exact place of incident:  
measurements, directions, etc.)

**FIG. 16A**



**II. THE COMPLAINTANT** - Check one:  Tenant  Visitor  Contractor  Employee:  
Complete Sections I, II, VII & IX

Last Name:  First Name:

Address:

SSN:

City:  State:  Zip:  Phone #: ( )

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Physical Disabilities:

Age:  Height: ' '' Weight:

Pregnant?  Yes  No If yes, how many months  1  2  3  4  5  6  7  8  9  10  11  12

Does Complainant wear glasses?  Yes  No If yes, what kind

Place of Employment:

Position:

Address:

City:  State:  Zip:  Phone #: ( )

**FIG. 16B**



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Driver's License #  State:  Date of Expiration:   
 01/01/2000  01/01/2001  01/01/2002

Vehicle Description:  License Plate #:  State:

Vehicle Insurance?:  Yes  No Insurance Company:

Policy #  Policy Holder:

**III. FIRST AID (treatment Rendered to stabilize Complainant)**

Offered   
 Declined

Not Offered - why?

Offer   
 Declined

By whom; why?

Hospital Name?

Taken to Hospital

Taken by:  Ambulance  HFD Unit #  Paramedic's Name

**FIG. 16C**



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<input type="checkbox"/> Self	<input type="checkbox"/> Other, Explain:			
Taken at Whose Request?		<input type="checkbox"/> Complaintant	<input type="checkbox"/> Other, Explain:	
<b>Emergency Contact Notified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A    Name of Contact: _____				

#### **IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)**

#### A. BEFORE the Incident

Carrying anything?  Yes  No If yes, what was being carried?

**B. AFTER the Incident** Describe any visible injury or damage to clothing

**FIG. 16D**



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Describe Complainant's reaction to the incident

**Describe shoes worn by Complainant**

Sole materials:  Leather  Rubber  Vinyl  Wood  Other-describe

Describe heels (height, material, condition):

Overall condition of shoes:  Good  Average  Poor

## V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the incident?  Yes  No If yes, who?

Relationship to Minor

## Relationship to Minor

FIG. 16E



If unaccompanied, was someone responsible for the minor?  Yes  No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

## VI. INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses-do not assume any facts about the incident.

### A. Description of the Incident Site

#### 1. Type of Walkway:

- Floor  Stairway  Ramp  Street  Escalator  Parking Lot  Other-describe

#### 2. Surface material:

FIG. 16F



- Carpet    Vinyl tile    Ceramic tile    Terrazzo    Marble    Quarry Tile    Rug  
 Grass    Concrete    Asphalt    Gravel    Metal    Dirt    Other-describe

3. Foreign substance present? (Soda, water, ice, snow, etc.)    Yes    No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G

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(oily, gritty, bubbly, etc.) Consistency \_\_\_\_\_ (melted, crushed, solid, etc.)

4. Skid/streak marks  Yes  No Substance on shoes or clothing  Yes  No

How did substance come to be on the floor?  
\_\_\_\_\_

5. Any other object involved?  Yes  No If yes, describe object/composition  
\_\_\_\_\_

Location of object  
\_\_\_\_\_

Reason for location of object  
\_\_\_\_\_

Anything unusual about object?  
\_\_\_\_\_

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present?  Yes  No If yes, describe nature of condition  
\_\_\_\_\_

FIG. 16H



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Dimensions \_\_\_\_\_ Debris present?  Yes  No If yes, describe \_\_\_\_\_

C. Lighting Conditions

1.  Natural  Artificial - describe \_\_\_\_\_

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

Yes  No If yes, explain \_\_\_\_\_

D. Weather Conditions

Describe outdoor weather, even if incident was inside \_\_\_\_\_

(cloudy, sunny, snowing, raining, etc.)

**VII. PHOTOGRAPHS**

Were photos taken?  Yes  No How many? \_\_\_\_\_

**FIG. 16I**



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By whom?   
Date & Time Taken  Where are photos stored?

### VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A.  
Name  Address

City  State

Zip

Phone#

What was this person's involvement with the incident?

FIG. 16J



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His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

B.  
Name  Address

City  State

FIG. 16K



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Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

FIG. 16L



SEARCHED SERIALIZED INDEXED  
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C. Name  Address

City  State

Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

A large rectangular input field with a thin black border. In the top right corner, there are four small black navigation icons: a left arrow, a right arrow, an up arrow, and a down arrow. In the bottom right corner, there is a single small black downward-pointing arrow.

FIG. 16M



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

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Describe any conversation this Witness had with the Complainant

A large rectangular input field for writing text. At the top right corner, there are four small black icons: a left arrow, a right arrow, a double left arrow, and a double right arrow, which are typically used for navigating through text in a document.

**IX. EMPLOYEE INCIDENT**

Department

Title

Supervisor

Type of incident:  Injury  Vehicle  Property Damage

Type of injury



FIG. 16N



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**Terrace Security Corporation**  
Secured Reporting Console

Please enter your UserID and password to continue:

UserID  1720  
Password  1730  
**Continue**  1740

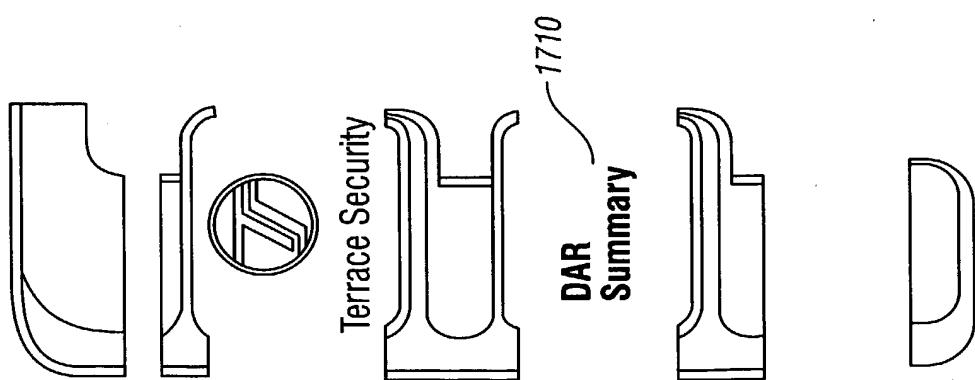


FIG. 17



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**Terrace Security Corporation**  
Secured Reporting Console

Logged In: Madison, Carmen

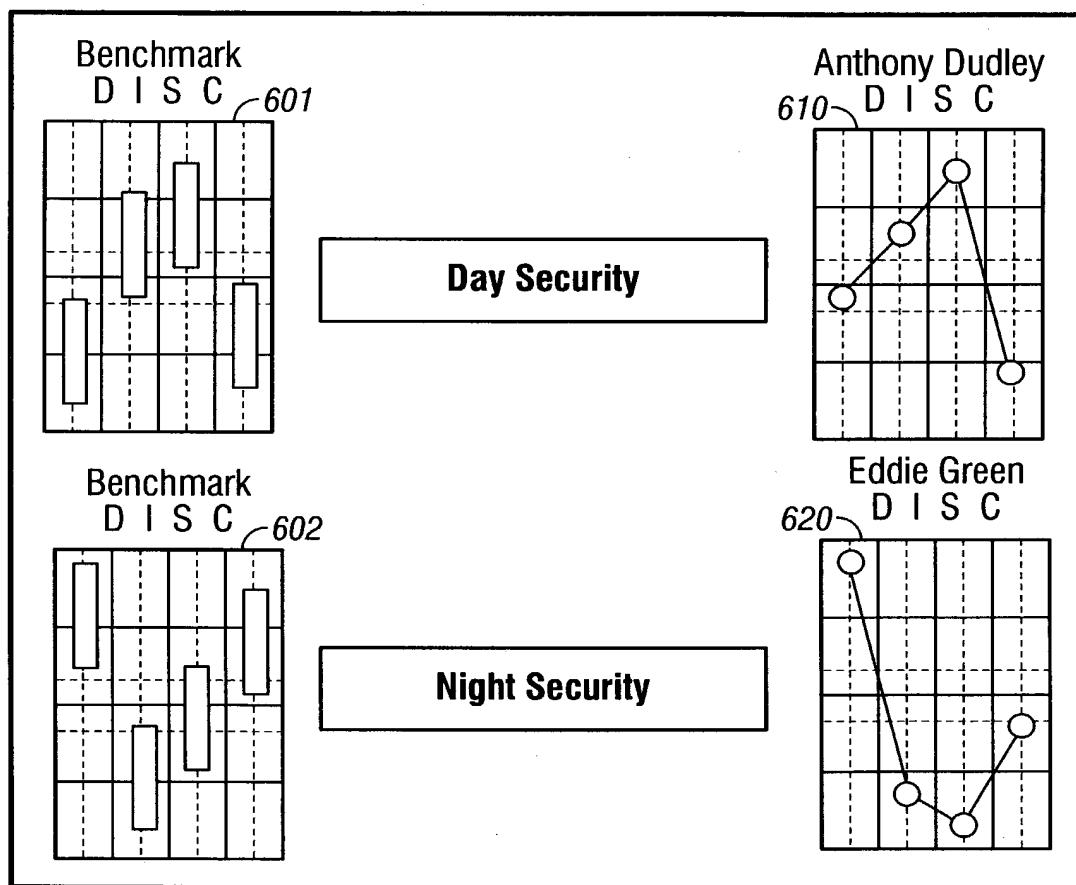
**Daily Activity Report**

Guard	Property	Date
--All--	► [ ]	12/20/2000
1820	→ [ ]	1840
Event Code	► [ ]	
1810	→ [ ]	1860
DAR Summary	► [ ]	
1850	→ [ ]	
Log Out	► [ ]	

FIG. 18



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**FIG. 19**